

many care physicians is to distinguish benign breast lumps from breast cancer. Fine needle aspiration is a major advance in evaluating palpable nodules. Used together with physical examination and mammography, it can accurately distinguish benign from malignant breast masses.

GENERAL REFERENCES

Abele JS, Miller TR, Goodson WH, et al: Fine needle aspiration of palpable breast masses. *Arch Surg* 1983; 118:859-863

Consensus Meeting of the Cancer Committee of the College of American Pathol-

ogists: Is 'fibrocystic disease' of the breast precancerous? *Arch Pathol Lab Med* 1986; 110:171-173

Kopans DB, Meyer JE, Sadowsky N: Breast imaging. *N Engl J Med* 1984; 310:960-967

Ernster VL: The epidemiology of benign breast disease. *Epidemiol Rev* 1981; 3:184-202

Goodson WH, Mailman R, Miller TR: Three year follow-up of benign fine needle aspiration biopsies of the breast. *Am J Surg* 1987; 154:58-61

Health and Public Policy Committee, American College of Physicians: The use of diagnostic tests for screening and evaluating breast lesions. *Ann Intern Med* 1985; 103:143-146

Love SM, Gelman RS, Silen W: Fibrocystic 'disease' of the breast—A non-disease? *N Engl J Med* 1982; 307:1010-1014

Mushlin AI: Diagnostic tests in breast cancer. *Ann Intern Med* 1985; 103:79-85

Circumventing Diarrhea

BISMUTH SUBSALICYLATE (PEPTO-BISMOL) is one of the agents now recommended to help control diarrhea; however, primarily in the young person but also in the older person who is on aspirin therapy for something like arthritis, salicylate intoxication may develop because there is salicylate absorption from this substance. Also, you need to warn patients about their stools becoming black. Many times, this is thought to be due to melena, but the bismuth will cause the stools to become black. Recently, one other thing has been thought to be true about Pepto-Bismol: bismuth salts are thought to be an antimicrobial agent that actually prevents multiplication of these organisms in the gastrointestinal tract. So, for these reasons, Pepto-Bismol is felt to be one of the mainstays now for control of acute diarrhea.

Kaopectate, which is an absorptive agent, is very safe. It works by making the stools more bulky. Remember, though, that the loss of fluid in the stools probably remains about the same, so patients are still at risk of becoming dehydrated, although they can control their stools a little better.

About 40% of patients from developed areas who go to a developing area are going to get travelers' diarrhea and about half of these are due to enterotoxigenic *E coli*.

You are probably also going to be asked about prevention of travelers' diarrhea. It is now thought that preventive treatment should be reserved for business people on critical short-term assignments or persons with significant underlying disease. The current recommendations are either to use trimethoprim-sulfamethoxazole or doxycycline as antibiotic agents to control and prevent travelers' diarrhea. Pepto-Bismol has also recently been shown to be effective, but you'd probably have to take another couple of suitcases loaded with Pepto-Bismol along with you in order for it to be useful. Probably it's most important that these travelers just carry trimethoprim-sulfamethoxazole or doxycycline with them and rapidly institute therapy if they do become ill, rather than trying to take it the entire time they are away. If they are going to be away for more than two weeks, it's inappropriate to use prophylaxis for travelers' diarrhea.

—FREDERICK W. DERKS, MD

Extracted from *Audio-Digest Family Practice*, Vol. 36, No. 15, in the Audio-Digest Foundation's series of tape-recorded programs. For subscription information: 1577 E Chevy Chase Dr, Glendale, CA 91206